

# HOW TO FILL OUT YOUR QR 7 QUARTERLY ELIGIBILITY/STATUS REPORT

## For Cash Aid, Food Stamps and State-Run County Medical Services Program (CMSP)

- Save this notice to help you fill out your QR 7 (Quarterly Eligibility/Status Report) if you need help filling out your report, tell your worker.
- If you do not send in a complete report including, but not limited to, answering all questions on the QR 7 and attaching proof when we ask for it, your benefits may be delayed, changed, or stopped. **Attach a separate sheet of paper if needed.**
- Changes that may affect your eligibility for Cash Aid or Food Stamps that you are required to report, must be reported within 10 days.
- Facts you report may result in your benefits going up, down or being stopped.



### INSTRUCTIONS

#### HOW OFTEN YOU MUST COMPLETE THE QR 7

For Cash Aid and Food Stamps you must turn in a complete QR 7 once every quarter (every three months). The County will tell you when you are supposed to turn in your completed QR 7.

For State-Run County Medical Services Program (CMSP) you must turn in a complete QR 7 only when the County sends you one.

#### REPORTING FOR PEOPLE WHO ARE LIVING IN YOUR HOME

##### If your family gets Cash Aid (no Food Stamps), report facts for:

- All children-natural, adopted and stepchildren.
- All parents-natural, adoptive and stepparent.
- Other aided relatives of the child.
- Yourself and your spouse.
- Anyone who is temporarily absent from the home.

##### If your family gets Cash Aid and Food Stamps you must also report facts for:

- All related adults.
- Others who buy and prepare food with you.

##### If your family gets Food Stamps only, you must report facts for:

- All children.
- All related adults.
- Others who buy and prepare food with you.

##### If you or your family get State-Run CMSP, you must report facts for:

- Your children-natural, adopted and stepchildren.
- All parents of the children-natural, adoptive and stepparents.
- Yourself and your spouse.

#### REQUEST TO STOP BENEFITS

- If you ask to have your Cash Aid stopped, your Medi-Cal may also be stopped or changed. Your may not be eligible for Medi-Cal or you may have to pay a share of cost of it.
- On the QR 7, complete the request to stop benefits section only if you want to stop any of your benefits. Check the benefits you want stopped and sign and date the QR 7. If you only want to stop some of your benefits and keep others, you must fill out the rest of the QR 7.
- You can also request to stop your benefits by calling your worker.

#### FACTS YOU MUST REPORT FOR EACH QUESTION

Part 1: Questions 1 through 3 are about what happened in the report month.

Question number:

- ① Any earnings, training allowances or other money anyone got. Such as wages, vacation pay, cash bonuses, child or spousal support; Social Security; Supplemental Security Income/State Supplementary payment (SSI/SSP); Unemployment/Disability Insurance; worker's compensation; any other type of disability or retirement; lottery winnings; insurance or legal settlements; rental income or assistance; free housing/utilities/clothing/food; or anything else. List the name of the person(s) who got the money, where they got the money from, the number of hours worked or in training, the date the person(s) actually got the money and the gross amount they got (this means the amount before any taxes or deductions). Attach proof such as, check stubs, copies of checks or statements from the employer, award letters from the agency you got the money from, etc. If self-employed, and you want to claim actual expenses, list

all business expenses on a separate sheet of paper. Attach proof such as, receipts or paid invoices, etc. If you want to figure your business costs by using the standard 40 percent deduction of your verified income, you do not need to list your business expenses.

- ② If anyone paid for the care of a child, disabled person or other dependent while working, looking for work, or while they were in school or training during the report month, list the name of the child or person who received the care and the amount that was paid. Attach proof of payment.

- ③ If you get Food Stamps and anyone paid court ordered child and/or spousal support, list the name of the person who paid it and the amount they paid. Attach proof of payment.

Part 2: Questions number 4 through 7 are about what has happened since your last quarterly report.

- ④ Anyone who moved into or out of your home or if you moved in with someone else. This includes; newborns; people who are temporarily absent from your home; anyone who died, entered or left a hospital or institution (including a penal institution), etc. List the name of the person who moved in or who you moved in with, their relationship to you, what happened and the date it happened.

- ⑤ Anyone who bought, got, sold, traded or gave away any of the following types of property, motor vehicles; checking or savings accounts; unused EBT cash balances from a previous month; savings bonds; life insurance policies; a home; land; trust, etc. List who owns the property, what kind of property, and how much the property is worth. Attach proof of how much the property is worth (if available).

- ⑥ Anyone in your home who has been convicted of a drug-related felony for possession, use or distribution of a controlled substance(s) or who is avoiding or running from the law to avoid felony prosecution, custody or confinement after any felony conviction, or is in violation of probation or parole. List the name of the person and if they were convicted of a drug-related felony, list the date they were convicted. If you have previously reported the information to the County on a past CW 7/SAWS 7 or QR 7, you do not need to report the same information each quarter.

- ⑦ Other facts that could change your eligibility or the amount of your benefits, like starting or stopping a job, school or training; changes in the number of hours of you or anyone in your home works or is in school or training or if anyone goes on strike; anyone ages 6 through 17 stops or starts attending school regularly; a change in anyone's immigration or citizenship status; if anyone gets married, becomes divorced or separates; becomes disabled or recovers from a disability/major illness. Also give the facts for anyone who starts, stops or has a change in life, dental or health insurance, including MEDICARE coverage or if anyone starts or stops getting In-Home Supportive Services (IHSS).

Part 3: Question number 8 is about things you expect to happen in the next three months (except for housing or utility costs).

- ⑧ Any income or expenses you expect will change in the next three months. Expenses include: Medical expenses for someone who is age 60 or older; health insurance premiums; child/dependent care; college tuition and supplies; mandatory school supplies; child/spousal support; transportation costs for work, seeking work, school or training; room and board; self-employment expenses; etc. List the name of the person whose income or expenses will change, the source of the income or the expenses that will change, why it will change and the total gross amount of income or the expenses for each of the three months.

**SEE OTHER SIDE FOR MORE INFORMATION**

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## **ADDRESS CHANGE**

Give us the facts about any changes in your address or phone number. If you are getting Food Stamps you may be asked to give proof of new housing costs like rent and utilities. If your housing costs increased because of the move be sure to list the new amounts.

## **WHO MUST SIGN THE QR 7**

- **For Cash Aid:** You and your aided spouse or other parent of the aided child(ren) if they live in your home.
- **For Food Stamps:** The head of household, an adult household member or the household's Authorized Representative.
- **For STATE CMSP:** The applicant, applicant's spouse or the person acting for the beneficiary.
- **And:** Any other person who fills out the report, an interpreter or the witness to your mark.

## **WHAT WE MEAN WHEN WE SAY**

**AVOIDING OR RUNNING FROM THE LAW TO AVOID PROSECUTION, CUSTODY OR CONFINEMENT:** A person is considered avoiding or running from the law if an arrest warrant has been issued and the person knew or should have known from the facts that the law was looking for them.

**CASH AID:** CalWORKs (California Work Opportunity and Responsibility to Kids) and Refugee Cash Assistance.

**CONTROLLED SUBSTANCE:** Any drug whose availability is restricted by federal or state law, including but not limited to, narcotics, stimulants, depressants, hallucinogens and marijuana.

**COMPLETE QR 7:** A QR 7 is "complete" only when:

- All of the YES/NO questions are answered, and
- all of the information is filled in, and
- all of the proof is attached when the form asks for it, and
- all of the required signatures are on the form, and
- the form is signed and dated after the last day of the report month.

**COURT ORDERED CHILD SUPPORT:** The payment a legal document or court of law says you must make to a person for a child who is not in your home. Include payments made by a stepparent.

**GROSS AMOUNT:** The amount of your paycheck before deductions are taken out for taxes, social security, etc.

**IN VIOLATION OF PROBATION OR PAROLE:** Probation or parole was revoked or an arrest warrant was issued. The original crime for which probation or parole was ordered could be for a felony or misdemeanor.

**REPORT MONTH:** The month shown at the top right corner of the QR 7.

**STATE CSMP:** Medically necessary benefits for eligible adults who are not eligible for Medi-Cal and who live in some rural counties.

## **CERTIFICATION SECTION**

- You must sign the QR 7 "under penalty of perjury." This means that you swear under oath that the facts you give us are true, correct and complete.
- Perjury and fraud are crimes punishable by law.

**PENALTIES FOR CASH AID WELFARE FRAUD:** If on purpose you do not follow Cash Aid rules, your Cash Aid can be lowered for a period of time and you may be fined up to \$10,000 and/or sent to jail or prison for up to 3 years.

**Your Cash Aid can be stopped:**

- For not reporting all facts or for giving wrong facts: 6 months for the first offense, 12 months for the second offense, or forever for the third.
- For submitting one or more application to get aid in more than one case for the same time period: 2 years for the first conviction, 4 years for the second, and forever for the third.
- For conviction of felony fraud to get aid: 2 years for theft of amounts under \$2,000; 5 years for amounts of \$2,000 through \$4,999.00; and forever for amounts of \$5,000 or more.

Forever: for giving the county false proof of residency in order to get aid in two or more counties or states at the same time; giving the county wrong facts for an ineligible child or a child that does not exist; getting more than \$10,000 in cash benefits through fraud; getting a third conviction for fraud in a court of law or an administrative hearing.

**PENALTIES FOR FOOD STAMP FRAUD:** If on purpose you do not follow Food Stamp rules, your Food Stamps can be stopped for 12 months for the first violation, 24 months for the second, and forever for the third. You may be fined up to \$250,000 and/or sent to jail/prison for 20 years.

- **If you are found guilty in any court of law or administrative hearing because:**
- you traded or sold Food Stamps for firearms, ammunition, or explosives, your Food Stamps can be stopped forever for the first violation.
- You traded or sold Food Stamps for controlled substances, your Food Stamps can be stopped for 24 months for the first violation and forever for the second.
- You traded or sold Food Stamps that were worth \$500 or more, your Food Stamps can be stopped forever.
- You gave the county false identify or residence information, so you can get Food Stamps in more than one case at the same time, your Food Stamps can be stopped for 10 years.

## **DO NOT FORGET:**

- **If your report is late, not complete or not turned in, your benefits may be late, changed or stopped.**
  - **If your report is not complete when you turn it in, you will be asked to complete it again.**
  - **If you sign and date your report before the last day of the report month, you will be asked to sign and date it again.**
  - **If you are not sure how to report, what to report or what proof you need to send in, ask your worker.**
  - **If your Cash Aid stops, you may still be eligible for Food Stamp benefits even if you are now employed.**
  - **If your Cash Aid stops, you may still be eligible for no-cost or low-cost health coverage under Medi-Cal.**
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